

Reflective Report

“In healthcare practice, thinking reflectively means thinking about and evaluating experiences in order to reach new understandings and perspectives” (Delany & Molloy, 2009). Clinicians are frequently faced with unique and uncertain problems in the clinical setting throughout which they are required to stop, think, and problem Solve (Plack & Santaiser, 2004). The process of reflective practice often starts with a challenge which can also be described as “the event” (Bannigan & Moores, 2009). An event or challenge as described by the model of professional thinking refers to an experience that leaves us thinking and usually involves worrying thoughts or feelings (Bannigan & Moores, 2009).

During my time on clinical placement I was able to use the model of professional thinking to reflect on an event that left me thinking. I had decided to perform The Canadian Occupational Performance Measure on a young mum regarding her 11month old boy who was born with Down’s syndrome. This mum Renee (pseudonym) had been coming to early intervention classes with her son Adam (pseudonym) in the aim at developing his cognitive and physical abilities. My reason for performing the COPM was to identify Renee’s goals for her son Adam and what was important to her for Adam’s health and well-being.

Renee brought her mum to the interview, I explained to both of them the aims of the COPM assessment and why I was performing it. I went through each section and Renee answered openly and honestly. Renee decided on the five most important occupational performance issues to her. Once decided on the five most important occupational performance issues, I asked Renee to rate Adam’s current performance within the goals she identified, and her satisfaction with this performance level.

It was then that her mother interrupted the assessment and in a firm voice stated that she did not agree with the scores that Renee had given as they reflected her daughter as being a “bad mother”. I instantly responded in shock and explained that in no way was this assessment assessing Renee’s skills as a mother. I explained that this was Renee’s opinion on how she felt Adam was doing and what goals were important to her. Renee completely understood the assessment and in no way felt that it was a reflection of her parenting skills. I explained to Renee’s mum

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that when you set a goal you set it because you feel it's something you want to achieve and you might not be at the level to achieve it yet, it is in no way a reflection of bad parenting. The mother did understand after my explanations and was happy with the assessment. I was shocked with this response and it definitely left me thinking.

Stage two of the professional model of thinking is considered the so what stage and involves critical analysis of the event, seeking and reviewing knowledge and initial ideas and sharing (Bannigan & Moores, 2009). Critical analysis involves considering the positive and negative aspects of the experience (Bannigan & Moores, 2009). I feel that in this particular situation I handled it the best I could. It was a negative that Renee's mother did misunderstand the assessment and as a result felt that I was assessing Renee's parenting skills and this was not the case. I do feel however that I handled the situation well and Renee completely understood the aim of the assessment and found it to be a valuable and helpful assessment.

Often evidence-based practice and reflective practice are used in conjunction with each other (Bannigan & Moores, 2009). At the time of the event I did not feel that it was possible to gain evidence that would shed light on this event. I feel that this experience has highlighted that people can interpret things in many different ways and in my future practice this experience will be able to guide my approach to delivering this particular assessment again. It may be useful in my future practice to research evidence based literature on conflict resolution, to determine if there was a better way for me to deal with the situation (Bannigan & Moores, 2009).

Although I felt that I handled the situation well, it is important as a professional to share with others our experience (Bannigan & Moores, 2009). It is essential to have our ideas analysed and examined to avoid becoming self-referential (Bannigan & Moores, 2009). After this experience I discussed with other therapists the proceedings of the event, as it is important to share reflection with others (Delany & Molloy, 2009). They were also shocked at Renee's mum's reaction and thought that I handled the situation well. They suggested reflection on this event would be beneficial for my future practice. Sharing my experience with other therapists allowed me determine if my thoughts and ideas stood up to external scrutiny (Bannigan & Moores, 2009). I feel overall that my decisions and actions were appropriate.

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After reflection of the event, critical analysis, research and sharing of ideas it is important to question now what? (Bannigan & Moores, 2009). Therapists should be able to make a decision about future practice and explore the outcomes from the event (Bannigan & Moores, 2009). I don't feel that this event was a result of negative practice but I cannot conclude with the decision of affirmation of practice (Bannigan & Moores, 2009). This event has still left me thinking and has enlightened me with an unexpected event. From this event I will be more open to unexpected reactions and will be aware of misinterpretations. I will be more explicit in my explanation of assessments and their use. Overall this event and reflection process has been used to guide my future practice thus encouraging and enforcing my learning style as a reflector (Mumford, 1995).

Throughout my clinical placement I utilised the learning style of a reflector. Reflector is just one of the four learning styles devised by Honey and Mumford who suggest that learning is expressed through a four stage cycle (Mumford, 1995). Individuals use learning styles to adjust to and cope with everyday situations (French, Cosgriff & brown, 2007).

As a reflector I like to observe from afar and view a situation from many diverse viewpoints (Mumford, 1995). I often as a result of being a reflector will gain data and think about it thoroughly prior to concluding my thoughts (Mumford, 1995). I like to stand back as a reflector and evaluate the situation while considering all possible angles and indications before initiating action (Mumford, 1995). Due to my need to review what has happened and think about what I have learnt, I kept a reflective journal while on placement to summarise each day and reflect upon my learning. This journal allowed me to summarise my learning experience and develop questions on any uncertain areas. I often asked a lot of questions post visits with clients as I had the need to review and reflect upon the proceedings of the visits.

During my clinical practice placement, being a reflector could have a negative impact on my involvement. This negativity is due to the fact that I may wish to stand back and observe before getting involved. This in turn could impact on my confidence to initiate decisions and interventions. It is therefore crucial that not only I am aware of my learning style but also my placement supervisor (Delany & Molloy, 2009). Providing my supervisor with information on how best I learn will be beneficial

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to my time on placement as they will have a deeper understanding of how I learn and in turn may be able to provide a more effective and efficient learning experience (French, Cosgriff & Brown, 2007).

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